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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

10408

1. PLACE OF DEATH:

County DorchesterCity or town Rural-Church Creek

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Three Years

Hospital, institution, or street address where death occurred:

Home-Church CreekHow long in hospital or institution? - - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty DorchesterCity or town Rural-Church Creek

(If outside city or town limits, write RURAL and give nearest town)

Street No. Church Creek

(If rural, give LOCATION)

2.(a) If veteran, name war - - - - -

3.(a) FULL NAME

Gladys Pearl Atkins

3.(b) Social Security Number

4. Sex

Female

5. Color or race

white

6.(a) Single, married, widowed, or divorced

married6.(b) Name of husband or wife Harry K. Atkins6.(c) If alive, give age 49 years7. Birth date of deceased (mo., day, yr.) June 2, 1894

8. AGE:

Years

54

Months

4

Days

9

If less than one day

hrs. min.

9. Birthplace Orange County, Virginia

(Town, county, and state)

10. Usual occupation Domestic11. Industry or business Housewife12. Name C. V. Thomas13. Birthplace Not Known14. Maiden name Not Known15. Birthplace " "16. Informant Mr. Harry K. AtkinsAddress Church Creek, Maryland.17. Burial Date thereof Oct. 13, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Old Trinity CemeteryLocation Church Creek, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 10-12-1948 John Mace Jr. M.D.

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 11, 1948 at 5:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 46 to Oct 19 48and that I last saw him alive on Oct 1 19 48

Immediate cause of death

Coronary heart failure

DURATION

2 mosDue to Hypertension C.D.R.D.10 yrs

Due to

Other conditions (1) Phlebotomy
(2) Pulmonary embolism
(Include pregnancy within 3 months of death)30 yrs15 yrs

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Address Cambridge, Md. Date signed Oct 14, 48

M. D. or other



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10409

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Castle Harbor Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 weeks
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State md County Dorchester
City or town Pandah P.O.
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Samuel B. Chester

3. (b) Social Security Number

4. Sex Male 5. Color or race Married 6. (b) Single, married, widowed, or divorced

6. (b) Name of husband or wife Don't know 7. Birth date of deceased (mo., day, yr.) abt. 1868

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace fresh water md (Town, county, and state)

10. Usual occupation housework

11. Industry or business

12. Name Don't know

13. Birthplace Dorchester Md

14. Maiden name Sarah S. Kish

15. Birthplace Dorchester Md

16. Informant William Chester

Address Cambridge Md P.O.D.

17. Burial, cremation, or removal. Which? burial Date thereof Oct 15 1948 (month) (day) (year)

Cemetery or crematory Cemetery

Location Phodelealef md

18. Funeral director Sewell Bayne

Address Cambridge Md

19. 10-12-48 19 48 John M. J. M. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-10-48 at 4:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 12 1948 to Oct 10 1948

and that I last saw him alive on Oct 4 1948

Immediate cause of death Congestive heart failure DURATION

Due to Anteroseptal heart disease

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. Edwin Lane M.D. M. D. or other

Address 10-12-48 Date signed 10-12-48

MARGIN RESERVED FOR BINDING

(1)

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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OCT 14 1948
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10410

Reg. Dist. No. 11.6

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 26 days
Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
How long in hospital or institution? 26 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Williamsburg
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Earl Nichols Christopher

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
6.(b) Name of husband or wife _____
6.(c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) December 30, 1909
8. AGE: Years 38 Months 9 Days 11 If less than one day _____ hrs. _____ min.

9. Birthplace Dorchester County, Maryland
(Town, county, and state)
10. Usual occupation None
11. Industry or business _____
12. Name Robert Lewis Christopher
13. Birthplace Maryland
14. Maiden name Ida Marshall
15. Birthplace Maryland

16. Informant Eastern Shore State Hospital records
Address Cambridge, Maryland
17. Burial Date thereof 10-13-1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory East New Market
Location East New Market, Md
18. Funeral director Reynolds & Thomas
Address Cambridge, Md
19. 10-13 1948 John Mace, Jr. M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 11, 1948 1948 at 2:45 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 16 1948 to October 11 1948
and that I last saw him alive on October 11 1948

Immediate cause of death Chronic encephalitis
and 18 years with Parkinson Syndrome

DURATION
18 yrs.

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings of operations _____
Date of op. _____
Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____

23. SIGNATURE Robert Bertrand May, M.D.
M.D. or other _____
Address E.S.S.A. Date signed 10/14/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 14 1948
BUREAU A. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

10411

1. PLACE OF DEATH:

County DorchesterCity or town Rural-Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

RFD # 1

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rural-Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. RFD # 1
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Cleveland Elzey

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Lennie Hurlay6. (c) If alive, give age 51 years

7. Birth date of

deceased (mo., day, yr.) Sept. 1, 1892

8. AGE:

56 Years1 Months29 Days

If less than one day

hrs. min.

9. Birthplace RFD # 1, Cambridge, Maryland
(Town, county, and state)10. Usual occupation Farmer11. Industry or business Dirt12. Name Crockett Elzey13. Birthplace Maryland.14. Maiden name Lavenia Abbott15. Birthplace Maryland16. Informant Mrs. Lennie Elzey,Address RFD # 1, Cambridge, Maryland.17. Burial Date thereof Nov. 2, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 1-3 x8 John Mace, Jr. M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30, 1948 at 10:30 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 25 1948 to Oct 30 1948
and that I last saw him alive on Oct 25 1948

Immediate cause of death

Myocardial failure

DURATION

1 month

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury Injured at work?

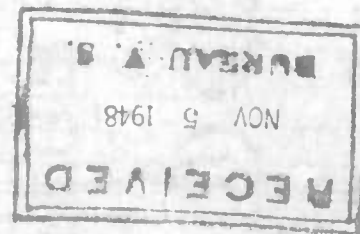
23. SIGNATURE J. Mace, Jr. M. D. or otherAddress 136 Race St. Cambridge Md. Date signed 11/1/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

10412

83a

1. PLACE OF DEATH:

County DorchesterCity or town Rural-Church Creek
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 20 Years

Hospital, institution, or street address where death occurred:

Church CreekHow long in hospital or institution? - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rural-Church Creek
(If outside city or town limits, write RURAL and give nearest town)Street No. Church Creek
(If rural, give LOCATION)2.(a) If veteran, name war - - -

3. (a) FULL NAME

Joseph Henry Eskridge

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Nettie Insley7. Birth date of deceased (mo., day, yr.) June 21, 1887 6. (c) If alive, give age 51 years8. AGE: Years 61 Months 4 Days 8 If less than one day hrs. min.9. Birthplace Wilmington, Delaware
(Town, county, and state)10. Usual occupation Laborer

11. Industry or business

12. Name Robert H. Eskridge13. Birthplace Delaware14. Maiden name Nob Known15. Birthplace " "16. Informant Mr. Roy EskridgeAddress Church Creek, Maryland.17. Burial Date thereof Nov. 1, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory BROOKVIEW CEMETERYLocation BROOKVIEW DOR CO., MD.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 11-2 19 48 John Mace, Jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 29, 1948 at 6:30A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 28 19 48 to Oct 29 19 48
and that I last saw him alive on Oct 28 19 48Immediate cause of death Cerebral hemorrhage DURATION 1 day

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lawrence Maryanov, M.D. M. D. or other Cambridge, Md. Date signed 10/29/48

MARGIN RESERVED FOR BINDING

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VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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NOV 4 1948
BUREAU A. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

10413

93d

1. PLACE OF DEATH:
County Dorchester
City or town Hicksburg
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. Cedar Street
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Ethel Fisher

3. (b) Social Security Number

4. Sex female 5. Color or race negro 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife Albert Fisher
6. (c) If alive, give age Dec. years
7. Birth date of deceased (mo., day, yr.) July 18, 1882
8. AGE: Years 66 Months 4 Days hrs. min.

9. Birthplace Marion Station
(Town, county, and state)
10. Usual occupation House Wife
none
11. Industry or business
12. Name James Rowley
13. Birthplace Marion Station
14. Maiden name Sarah Rowley
15. Birthplace Marion Station

16. Informant Sarah Ward
Address East New Market

17. Bethel Date thereof Oct 18, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Cemetery
Location Cambridge, Maryland

18. Funeral director Lewis H. Bayneum
Address Cambridge, Maryland

19. 10-18-48 x8 John Mace, Jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 15 19 48 at P. M.
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
October 5 19 48 to Oct. 15 19 48
and that I last saw h...er alive on October 15 19 48

Immediate cause of death Cerebral Thrombosis
DURATION 10 days

Due to Hypertensive Cardiovascular disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work

23. SIGNATURE Adwin Parrott
M. D. or other

Address Cambridge Date signed 10-18-48

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 20 1948

BUREAU V. E.

Evidence for change of
birth date shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

126

10414

FILM No. G 117 OCT 15 1948

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County..... Dorchester
City or town..... Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Sept. 24, 1948
Hospital, institution, or street address where death occurred:
Cambridge - Maryland Hosp. & Inc.
How long in hospital or institution? 16 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Dorchester
City or town..... Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 315 Locust St.
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

Mrs. Della Bassett Goslin

3. (b) Social Security Number

4. Sex..... Female 5. Color or race..... White 6. (a) Single, married, widowed, or divorced..... Widowed
6. (b) Name of husband or wife..... Hubert Goslin
7. Birth date of deceased (mo., day, yr.)..... Sept. 9 1876 1877
8. AGE: Years..... 71 Months..... 1 Days..... 1 It less than one day..... hrs. min.

9. Birthplace..... Dorchester County
(Town, county, and state)

10. Usual occupation..... Home

11. Industry or business.....

12. Name..... John W. Bassett

13. Birthplace..... Dorchester County

14. Maiden name..... Elizabeth Harding

15. Birthplace..... Dorchester County

16. Informant..... Carlton Goslin

Address..... 202 Willis St.

17. BURIAL Date thereof..... OCT 12 1948
(Burial, cremation, or removal Which?) (month) (day) (year)

Cemetery or crematory..... DORCHESTER MEMORIAL PARK

Location..... CAMBRIDGE, MARYLAND

18. Funeral director..... LECOMPT'S FUNERAL SERVICE

Address..... CAMBRIDGE, MARYLAND

19. 10-10-48 John Mace, Jr. M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Oct. 10 19..... 48 at 3:17 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Sept. 23 19..... 48 to..... Oct. 10 19..... 48
and that I last saw him/her alive on..... Oct. 10 19..... 48

Immediate cause of death..... Cardiac failure
and decompensation;
arteriosclerosis; uremia
Cause..... Chronic cholelithiasis with
cholelithiasis
Pass. by the way
multiformis
Other conditions.....

DURATION

(Include pregnancy within 3 months of death)

Major findings of operations..... Chronic cholelithiasis
cholelithiasis; narrowing sigmoid Oct 2.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

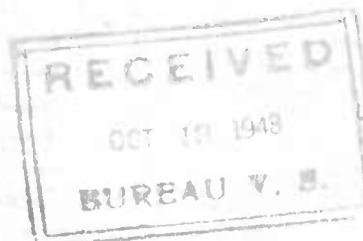
23. SIGNATURE..... Carlton Brinfield M.D.
M. D. or other

Address..... 6 Locust St. Date signed..... Oct 10, 1948

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10415

50

Reg. Dist. No. 116

1. PLACE OF DEATH: Dorchester
County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 28 years
Hospital, institution, or street address where death occurred:
.....
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants, give residence of mother)
State Maryland County Dorchester
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
Street No. 126 Peachblow Ave.
(If rural, give LOCATION)
2(a) If veteran, name war.....

3. (a) FULL NAME Carrie Mae Goswollen

3. (b) Social Security Number 218-09-7148

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced Widowed
6. (b) Name of husband or wife Parrie W. Goswollen
7. Birth date of deceased (mo., day, yr.) March 25, 1897
8. AGE: Years 51 Months 6 Days 22 If less than one day
..... hrs. min.

9. Birthplace Pocomoke, Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Louise M. Brittingham

13. Birthplace Somerset Co.

14. Maiden name Arslia Ann Burke

15. Birthplace Somerset Co.

18. Informant Donald Brittingham

Address 126 Peachblow Ave - Camb Md

17. (Burial, cremation, or removal, which?) Burial Date thereof Oct 20 - 1948
(month) (day) (year)

Cemetery or crematory Greenlawn

Location Cambridge, Md.

18. Funeral director Kenneth R. Thomas

Address Cambridge, Md.

19. 10-21 19 48 John Mace, Jr., M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 17, 1948 11:55 p

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/10 to Oct. 17 19 48
and that I last saw h. ER alive on OCT. 17 19 48

Immediate cause of death Metastatic adenocarcinoma DURATION 2 YRS.

Due to Adenocarcinoma

Due to left breast.

Other conditions Rheumatoid arthritis?

(Include pregnancy within 3 months of death)

Major findings of operations INTRACANICULAR ADENO-CARCINOMA. Date of op. 12/4/1946

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: XIP
Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Means of injury..... Injured at work?

SIGNATURE [Signature]

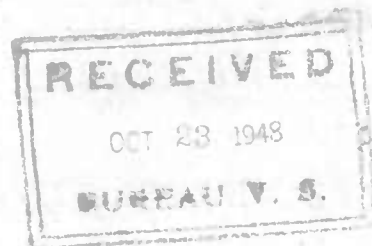
Address Cambridge Md Date signed 10/19/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10416
610

1. PLACE OF DEATH:

County WorcesterCity or town Hurlock
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Smith, E. Harper,

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Nov. 13 18158. AGE: Years Months Days If less than one day
92 11 21 hrs. min.

9. Birthplace

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

Oct 7 1948
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. Oct 7 - 19 48
(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

October 14 48 3:00P

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

March 45 to October 48
and that I last saw him alive on October 13 19 48

Immediate cause of death

Chronic Myocardial Regen-
eration
senility

DURATION

5 yrs +
5 yrs +

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

W C Harrison MD
Hurlock Md.

M. D. or other

Address

Date signed 10/17/48

MARGIN RESERVED FOR BINDING

VS A15 9.45-10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 12 1948
BUREAU A. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 59 years
 Hospital, institution, or street address where death occurred:
40 years
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 506 Pine Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

IDA JACKSON

3. (b) Social Security Number

4. Sex Female 5. Color or race Negro 6.(a) Single, married, widowed, or divorced Widow
 6.(b) Name of husband or wife
 7. Birth date of deceased (mo., day, yr.) March 12, 1871
 8. AGE: Years 77 Months 6 Days 25 It less than one day hrs. min.

9. Birthplace Crapo, Dor. Co. Maryland
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Thomas W. Slacum

13. Birthplace Crapo, Dor. Co. Maryland

14. Maiden name Sarah Anne Slacum

15. Birthplace Crapo, Dor. Co. Maryland

16. Informant Enoch Thomas

Address Cambridge, Maryland

17. Burial Date thereof Oct 10, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Waugh Cemetery

Location Cambridge, Maryland

18. Funeral director Herbert M. St. Clair, Jr.

Address Cambridge, Maryland

19. 10-11-1948 John Mac, Jr. M.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 7 19 48 at 4 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from head on arrival 19 48
 and that I last saw him head on arrival 19 48

Immediate cause of death Coronary occlusion DURATION 15 min.

Due to arteriosclerosis ?

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Eldridge A. Wolff, M.D. M. D. or other

Address Cambridge, MD Date signed 10-8-48

10417



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10418

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 mos., 8 das.

Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital

How long in hospital or institution 9 mos., 8 das.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Trappe
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Thomas Mallieu Jenkins

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Etta B. Barnes

7. Birth date of deceased (mo., day, yr.)

October 23, 1876

6. (c) If alive, give age

72 years

8. AGE:

Years

Months

Days

If less than one day

71

11

11

hrs.

min.

9. Birthplace

Trappe, Maryland

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

MOTHER
FATHER

12. Name Marion Jenkins

13. Birthplace Talbot County, Maryland

14. Maiden name Annie Mallalieu

15. Birthplace Kent County, Maryland

16. Informant

Eastern Shore State Hospital Records

Address Cambridge, Maryland

17. Burial

Date thereof 10/6/48
(month) (day) (year)

Cemetery or crematory Oxford

Location Oxford, Md

18. Funeral director

M.E. Neenan and Son
Easton, Md

Address

19. Date of death

10/6 1948

A.H. Neenan
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 4, 1948 at 9:55 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 5, 1948 to October 4, 1948 and that I last saw him alive on October 4, 1948

Immediate cause of death

Cerebral Hemorrhage

DURATION

72 hours

Due to Arteriosclerosis

Possibly
5 yrs.

Due to _____

Other conditions Senility and debilitation
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE

[Signature]
M. D. or other _____

Address _____ Date signed _____

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

RECEIVED

RECEIVED

OCT 8 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10419

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 18 years
 Hospital, institution, or street address where death occurred:
R.F.D. # 3 Cambridge, Maryland
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. R.F.D. #3
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

George Johnson

3. (b) Social Security Number

220-10-6722

4. Sex Male 5. Color or race Negro 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Lelia Johnson
 6.(c) If alive, give age 51 years
 7. Birth date of deceased (mo., day, yr.) February 10, 1996
 8. AGE: Years 52 Months 8 Days 14 It less than one day
 hrs. min.

9. Birthplace Baltimore, Balto. Co. Maryland
(Town, county, and state)10. Usual occupation General Laborer

11. Industry or business

12. Name Unknown
 13. Birthplace
 14. Maiden name Unknown
 15. Birthplace

16. Informant Lelia Wilson Johnson
 Address R.F.D.#3 Cambridge, Maryland

17. Burial Date thereof Oct. 27, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Bethel CemeteryLocation Cambridge, Maryland18. Funeral director Herbert M. St. Clair, Jr.Address Cambridge, Maryland19. 10-26 18 John mau p.
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 23 19 48 at 9 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 29 19 48 to Oct. 23 19 48
 and that I last saw him alive on Oct. 21 19 48

Immediate cause of death Congestive Heart failure
Essential hypertension

Due to Essential hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

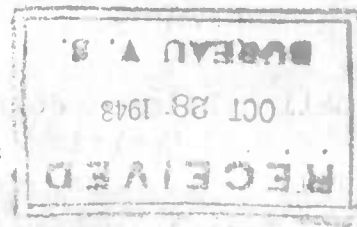
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Edwin L. Loretto
Cambridge Md. M. D. or other
 Address Date signed 10-26-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 64

10420

1. PLACE OF DEATH:

County DorchesterCity or town East New Market
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 weeks

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town East New Market
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

William W. Johnson

3. (b) Social Security Number

213-22-8064

4. Sex

Male

5. Color or race

Colored

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife Nellie D. Johnson6.(c) If alive, give age 50 years7. Birth date of deceased (mo., day, yr.) October 26, 1894

8. AGE:

Years

Months

Days

If less than one day

531111

hrs.

min.

9. Birthplace Dorchester County, Maryland
(Town, county, and state)10. Usual occupation Day Laborer11. Industry or business Farm12. Name Robert Caplas13. Birthplace Dorchester County, Maryland14. Maiden name Nellie Johnson15. Birthplace Dorchester County, Maryland16. Informant Mrs. Nellie D. JohnsonAddress East New Market, Maryland17. Burial Date thereof October 10, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Washington CemeteryLocation Near Hubert, Maryland18. Funeral director J. J. Frampton & sonAddress Fredersburg, Maryland19. October 9, 1948 S. S. Frampton
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 7, 1948 at 6:45 P.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 20, 1948 to Oct 7, 1948 and that I last saw him alive on Oct 4, 1948Immediate cause of death Carcinoma of Rectum with general metastasis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address 300 Main Cambridge Date signed 10-8-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Two Weeks

Hospital, institution, or street address where death occurred:

Cambridge Maryland HospitalHow long in hospital or institution? Two Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty DorchesterCity or town Rural-Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. RFD # 2

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

John Lichtl

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Amelia Singer6. (c) If alive, give age 68 years

7. Birth date of

deceased (mo., day, yr.) Dec. 22, 1872.

8. AGE:

Years

Months

Days

If less than one day

75920

hrs.

min.

9. Birthplace

Rebendorf, Austria

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Dirt

FATHER

12. Name

John Lichtl

13. Birthplace

Austria

MOTHER

14. Maiden name

Theresa Schissler

15. Birthplace

Austria

16. Informant

Mrs. John LichtlAddress RFD # 2, Cambridge, Maryland.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Oct. 15, 1948
(month) (day) (year)Cemetery or crematory Greenlawn CemeteryLocation Cambridge, Maryland.

18. Funeral director

LeCompte's Funeral ServiceAddress Cambridge, Maryland.

19. Date rec'd by registrar

10-15-48

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 12, 1948 at 12 midnight

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

September 12, 1948 to October 12, 1948and that I last saw him alive on October 12, 1948Immediate cause of death Diabetic acidosis

DURATION

3 daysDue to Diabetic Mellitusother conditions: arteriosclerosisGeneralized CerebralSenile PsychosisOther conditions acute urinary retentiondue Diabetic Tabes

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Eldridge H. JeffordAddress Cambridge & Md. Date signed 10-14-48

RECEIVED

OCT 16 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10422

116

Reg. Diat. No.

1. PLACE OF DEATH: County <u>Dorchester</u> City or town <u>Cambridge</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>30 Years</u> Hospital, institution, or street address where death occurred: <u>303 Washington St.</u> How long in hospital or institution? <u>- - - -</u>				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Dorchester</u> City or town <u>Cambridge</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>303 Washington St.</u> (If rural, give LOCATION) 2.(a) If veteran, name war <u>- - - -</u>			
3. (a) FULL NAME <u>George W. Lowe</u>				3. (b) Social Security Number			
4. Sex <u>Male</u>		5. Color or race <u>White</u>		6. (a) Single, married, or divorced <u>Divorced</u>		MEDICAL CERTIFICATION	
6. (b) Name of husband or wife <u>Mary Kelly</u>				20. DATE OF DEATH <u>October 2,</u> 19 <u>48</u> , at <u>12:05 PM</u>			
7. Birth date of deceased (mo., day, yr.) <u>November 1, 1865</u>				21. I CERTIFY that death occurred on the date above stated: that I attended deceased from <u>17 JULY</u> 19 <u>48</u> to <u>2 OCT</u> 19 <u>48</u> and that I last saw him alive on <u>2 OCT</u> 19 <u>48</u>			
8. AGE: Years <u>82</u> Months <u>11</u> Days <u>1</u>		6. (c) If alive, give age _____ years		Immediate cause of death <u>CANCER OF ESOPHAGUS</u>			
9. Birthplace <u>Cambridge, RFD # 3, Md.</u> (Town, county, and state)		10. Usual occupation <u>Watch-Maker Retired</u>		DURATION			
11. Industry or business <u>!!</u> <u>!!</u> <u>!!</u>		12. Name <u>George Lowe</u>		Other conditions <u>PULMONARY TUBERCULOSIS</u> (Include pregnancy within 3 months of death)			
13. Birthplace <u>Maryland</u>		14. Maiden name <u>Rebecca Russell</u>		Major findings of operations _____			
15. Birthplace <u>Maryland</u>		16. Informant <u>Nellie Letta</u>		Autopsy results _____			
17. Burial <u>Burial</u>		18. Funeral director <u>LeCompte's Funeral Service</u>		PHYSICIAN: Please underline the cause to which death should be charged statistically.			
19. (Date rec'd by registrar) <u>10-5-1948</u>		20. Address <u>Cambridge, Maryland</u>		21. VIOLENCE: If death was due to external causes, fill in the following:			
22. (Burial, cremation, or removal. Which?) <u>Burial</u>		23. Date thereof <u>OCT. 5, 1948</u> (month) (day) (year)		Accident, suicide, or homicide _____ Date of _____			
24. Cemetery or crematory <u>GALESTOWN METHODIST CEM.</u>		25. Location <u>GALESTOWN, DOR. CO., MARYLAND</u>		Where did injury occur? _____ (City or town) _____ (County) _____ (State)			
26. Injured at home, farm, industry, public place (where?) _____		27. Means of injury _____		Injured at work? _____			
28. Address <u>Cambridge, Maryland.</u>		29. Signature <u>Halter E. Gandy Jr. M.D.</u>		30. Address <u>Church St.</u>			
31. Date signed <u>5 OCT 48</u>		32. Registrar <u>John - mace jr. m</u>		33. Address <u>Cambridge, Md.</u>			

UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

WASHINGTON, D. C.

RECEIVED

RECEIVED

OCT 8 1948

BUREAU V. S.

Enclosed

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

10423

108

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 45 Years

Hospital, institution, or street address where death occurred:

16 Race StreetHow long in hospital or institution? - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 16 Race Street
(If rural, give LOCATION)2.(a) If veteran, name war - - - -

3. (a) FULL NAME

J. Albert Marshall

3. (b) Social Security Number

214-07-8551

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Ida Mae Meredith

7. Birth date of deceased (mo., day, yr.)

March 25, 18846. (c) If alive, give age 53 years

8. AGE:

Years 64Months 6Days 24

If less than one day

hrs. min.

9. Birthplace RFD # 3, Cambridge, Maryland
(Town, county, and state)10. Usual occupation Salesman-Retired11. Industry or business Clothing12. Name James E. Marshall13. Birthplace Maryland14. Maiden name Annie E. Cook15. Birthplace Maryland16. Informant Mrs. Ida MarshallAddress Cambridge, Maryland.17. Burial Date thereof Oct. 21, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Greenlawn CemeteryLocation Cambridge, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 10-22-48 John Mace, Jr. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 19, 1948 4:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

10/16 1948 to 10/19 1948
and that I last saw him alive on 10/19 1948Immediate cause of death Double Suture
Pneumonia

DURATION

Due to

Due to

Other conditions

Bronchial Asthma

(Include pregnancy within 3 months of death)

Major findings of operations

none

Date of op.

Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date ofWhere did injury occur? -
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) -Means of injury - Injured at work?

23. SIGNATURE

John Mace, Jr.MD.

M. D. or other

Address Cambridge Md. Date signed 10/21-1948

MARGIN RESERVED FOR BINDING

VS-A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

RECEIVED

OCT 23 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10424

Reg. Dist. No. 116

1. PLACE OF DEATH:
 County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 23 years, 8 mo., 29 days
 Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
 How long in hospital or institution? 23 years, 8 mo., 29 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State Maryland County Somerset
 City or town Marion Station
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3.(a) FULL NAME

Alice C. Martin

3.(b) Social Security Number

none

4. Sex female 5. Color or race white 6.(a) Single, married, widowed, or divorced single
 6.(b) Name of husband or wife _____
 7. Birth date of deceased (mo., day, yr.) 1861 6.(c) If alive, give age _____ years
 8. AGE: Years 87 Months unknown Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Maryland
 (Town, county, and state)
 10. Usual occupation housework
 11. Industry or business _____
 12. Name William Martin
 13. Birthplace Maryland
 14. Maiden name Emeline Walker
 15. Birthplace Maryland

16. Informant Eastern Shore State Hospital Records
 Address Cambridge, Maryland
 17. Burial Date thereof Oct. 29, 1948
 (Burial, cremation, or removal, White?) (month) (day) (year)
 Cemetery or crematory St. Paul's Cemetery
 Location Marion, Md.
 18. Funeral director St. Marney Brothers
 Address Crisfield, Maryland
 19. 10-28 1948 John Mace, Jr. Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 26 1948, at 7:45 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1, 1947, to October 26, 1948, and that I last saw her alive on October 26, 1948.

Immediate cause of death Gangrene of the foot DURATION _____

Due to Arteriosclerosis

Due to _____

Other conditions Schizophrenia, paranoid Type

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE Robert Bertrand May, M.D. M. D. or other _____

Address _____ Date signed _____



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

10425

93d

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
31 Douglas Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge, Maryland
(If outside city or town limits, write RURAL and give nearest town)
Street No. 31 Douglas Street
(If rural, give LOCATION)
2.(c) If veteran, name war

3. (a) FULL NAME

David Mc Girt

3. (b) Social Security Number

4. Sex Male 5. Color or race Negro 6.(a) Single, married, widowed, or divorced single
6.(b) Name of husband or wife
6.(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 5, 1893
8. AGE: Years 55 Months 4 Days 5 If less than one day hrs. min.

9. Birthplace unknown
(Town, county, and state)
10. Usual occupation Logboer
11. Industry or business none
12. Name Unknown
13. Birthplace
14. Maiden name Unknown
15. Birthplace

16. Informant Lizzie Richards
Address 31 Douglas St.

17. Burial Oct. 16, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory cemetaty
Location Cambridge, Maryland

18. Funeral director Lewia H. Bayneum
Address Cambridge, Maryland

19. John Mac
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 10, 1948
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 3 1948 to Oct. 10 1948
and that I last saw him alive on Oct. 10 1948

Immediate cause of death
congestive heart failure

Due to Hypertensive Cardio
Vascular disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Edwin Farneth
Address Cambridge, Md. Date signed 10-16-48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

1948-10-16
55-4-3-
109-6-3

RECEIVED

OCT 20 1948

BUREAU V. S.

Evidence for addition of MARYLAND STATE DEPARTMENT OF HEALTH
year of birth shown on: 2411 N. Charles St., Baltimore

10426

FILM No. G 117 NOV 1 1948

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DORCHESTER
City or town CAMBRIDGE
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 day
Hospital, institution, or street address where death occurred:
CAMBRIDGE (MARYLAND) HOSPITAL
How long in hospital or institution? 16 1/2 HOURS

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State MARYLAND County DORCHESTER
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war _____

3. (a) FULL NAME

HORACE MOORE

3. (b) Social Security Number

4. Sex male 5. Color or race negro 6. (a) Single, married, widowed, or divorced married
6. (b) Name of husband or wife Unnie Moore
6. (c) If alive, give age 57 years
7. Birth date of deceased (mo., day, yr.) OCT 25, 1875
8. AGE: Year 72 Months 11 Days 421 If less than one day _____ hrs. _____ min.
9. Birthplace va
(town, county, and state)
10. Usual occupation none
11. Industry or business none
FATHER 12. Name George Moore
13. Birthplace Will va
MOTHER 14. Maiden name Don't know
15. Birthplace _____

16. Informant Unnie Moore
Address 504 Pine St Cambridge Md
Burial at Waugh Cemetery Date thereof OCT 22 / 48
(Burial, cremation, or removal. Which) (month) (day) (year)
Cemetery or crematory Cambridge Md
Location Sevier 78 Baptist
18. Funeral director Cambridge Md
Address 10-23 19 48
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH OCTOBER 16 19 48 at 4:30 P. M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from OCTOBER 15 19 48 to OCT 16 19 48
and that I last saw him alive on OCTOBER 16 19 48
Immediate cause of death TOXEMIA (PARALYTIC ILEUS) ? DURATION
4 days
Due to ACUTE INTESTINAL OBSTRUCTION
Due to _____
Other conditions MYOCARDIAL FAILURE ?
(Include pregnancy within 3 months of death)
Major findings of operations _____ Date of op. _____
Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.
22. VIOLENCE: If death was due to external causes, fill in the following NO
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____
23. SIGNATURE [Signature] M. D., or other _____
Address Cambridge Md Date signed 10/16/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 25 1948

BUREAU U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10427

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Five Days
Hospital, institution, or street address where death occurred:
Cambridge, Maryland Hospital
How long in hospital or institution? One Day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 425 High Street
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

Baby Morris

3. (b) Social Security Number

4. Sex Female 5. Color or race Negro 6. (a) Single, married, widowed, or divorced Single
6. (b) Name of husband or wife None
6. (c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) October 9, 1948
8. AGE: Years _____ Months _____ Days 5 If less than one day _____ hrs. _____ min.

9. Birthplace Cambridge, Maryland
(Town, county, and state)

10. Usual occupation None

11. Industry or business

12. Name Elwood Molock
13. Birthplace Salem, Dor. Co. Maryland

14. Maiden name Sarah Morris
15. Birthplace Wilmington, Delaware

18. Informant Elwood Molock
Address Salem, Dor. Co. Maryland

17. Burial Burial Date thereof Oct. 15, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Waugh Cemetery
Location Cambridge, Maryland

18. Funeral director Herbert M. Hstb: Clair, Jr
Address Cambridge, Maryland

19. 10-15 19 48 John mace, jr. m.d.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 14, 1948 at 5:30 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 13, 1948 to Oct 14, 1948
and that I last saw him or alive on Oct 14, 1948

Immediate cause of death

Birth injury
Prematurity

DURATION

5 days

Other conditions

(Include pregnancy within 3 months of death)

Major findings at operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE

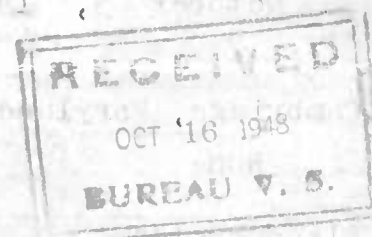
Lawrence Maryanov M.D.

Address 136 Race St. Cambridge M. D. or other _____
Date signed 10/15/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



EVIDENCE FOR CORRECTIONS
SHOW ON:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10428

FIM No. G

11 NOV 22 1948

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

4. Sex

MALE

5. Color or race

Col

6. (a) Single, married, widowed, or divorced

8. (b) Name of husband or wife.....

7. Birth date of

deceased (mo., day, yr.)

OCT 19 - 1948

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

X

22

hrs.

min.

9. Birthplace.....

(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

FATHER

12. Name.....

13. Birthplace.....

MOTHER

14. Maiden name.....

15. Birthplace.....

16. Informant.....

Address.....

17.

(Burial, cremation, or removal. Which?)

Date thereof.....

(month) (day) (year)

Cemetery or crematory.....

Location.....

18. Funeral director.....

Address.....

19.

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

OCTOBER 19

1948

at.....

M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on.....

Immediate cause of death.....

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following.

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

M. Cambridge Md

M. P. other

Address..... Date signed.....

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE MAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10429
115

1. PLACE OF DEATH:
County **Dorchester**
City or town **Rural-Fishing Creek**
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? **Life**
Hospital, institution, or street address where death occurred:
Home-Fishing Creek
How long in hospital or institution? **- - -**

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State **Maryland** County **Dorchester**
City or town **Rural-Fishing Creek**
(If outside city or town limits, write RURAL and give nearest town)
Street No. **Fishing Creek**
(If rural, give LOCATION)
World War 11
2. (a) If veteran, name war

3. (a) FULL NAME
Arthur Willey Phillips

3. (b) Social Security Number
- - -

4. Sex **Male** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **Married**
6. (b) Name of husband or wife **Ethel Phillips**
7. Birth date of deceased (mo., day, yr.) **Feb. 22, 1895** 6. (c) If alive, give age **50** years
8. AGE: Years **53** Months **7** Days **25** If less than one day
..... hrs. min.

9. Birthplace **Fishing Creek, Dor. Co., Md.**
(Town, county, and state)

10. Usual occupation **Waterman**

11. Industry or business **Seafood**

12. Name **Augustus E. Phillips**

13. Birthplace **Maryland**

14. Maiden name **Laura Aaron**

15. Birthplace **Maryland**

16. Informant **Mrs. Ethel Phillips**

Address **Fishing Creek, Maryland.**

17. Burial Date thereof **Oct. 20, 1948**
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory **Dorchester Memorial Park**

Location **Cambridge, Maryland.**

18. Funeral director **LeCompte's Funeral Service**

Address **Cambridge, Maryland.**

19. **Oct. 19** 19 **48** **James W. Meade**
(Date rec'd by registrar) LOCAL Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **October 17, 1948** at **5:45P** M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
June 30 19 **48** to **Oct. 17** 19 **48**
and that I last saw him alive on **Oct. 17, 1948**

Immediate cause of death **Carcinoma of Esophagus** DURATION **6 mo**

Due to **Carcinoma of Esophagus**

Due to **Carcinoma of Esophagus**

Other conditions **Ceratomy from ruptured diverticulum** 10 days
(Include pregnancy within 3 months of death)

Major findings of operations **X** Date of op. **X**

Autopsy results **X** PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of **X**

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE **James W. Meade M.D.**
Fishing Creek, Md M. D. or other **Oct 19 / 48**

Address **Fishing Creek, Md** Date signed **Oct 19 / 48**

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

Dr. Meade

PLEASE WRITE CLEARLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 22 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10430

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Chesapeake Bay
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Nathan Carter Rich

3. (b) Social Security Number

4. Sex

Male

5. Color or race

Negro

6. (a) Single, married, widowed, or divorced

Unknown

6. (b) Name of husband or wife

Unknown

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Reedsville Va.
(Town, county, and state)

10. Usual occupation

Sailor

11. Industry or business

Fishing

12. Name

Unknown

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

Reedsville
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

Oct 261948

at

M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

not before

19

to

19

and that I last saw him alive on

19

Immediate cause of death

Accidental from falling
"Benjamin Kaloua" Oct 26

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

10431

116

1. PLACE OF DEATH:

County DorchesterCity or town Rural-Vienna
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifeHospital, institution, or street address where death occurred:
Elliotts Island Road-RFD # 3

How long in hospital or institution? - - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rural-Vienna
(If outside city or town limits, write RURAL and give nearest town)Street No. Elliotts Island Road-RFD # 3
(If rural, give LOCATION)

2.(a) If veteran, name war - - - - -

3. (a) FULL NAME

Milton Carl Richardson

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single8. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Jan. 12, 19008. AGE: Years 48 Months 9 Days 9 If less than one day _____ hrs. _____ min.9. Birthplace RFD # 3, Vienna, Maryland
(Town, county, and state)10. Usual occupation Rarmer-Trapper11. Industry or business Dirt-Fur12. Name Robert H. Richardson13. Birthplace Maryland14. Maiden name Bessie Willey15. Birthplace Maryland16. Informant Mr. Marion RichardsonAddress Vienna, Maryland.17. Burial Date thereof Nov. 3, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 11-3-48 John Mace
(Date rec'd by registrar) 19. _____

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 31, 1948 at 3:45 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Death on arrival 19. _____and that I last saw him alive on death on arrival 19. _____Immediate cause of death Coronary occlusion

DURATION

?

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op. _____

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

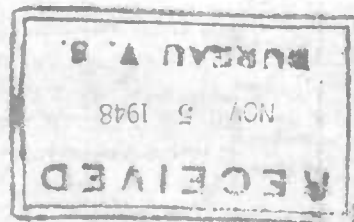
Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

Edridge H. D. Goff, actingDeputy Medical Examiner

23. SIGNATURE _____ M. D. or other

Address Cambridge, Maryland Date signed Nov 1 1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

116

10432

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Three Years

Hospital, institution, or street address where death occurred:

404 Academy Street

How long in hospital or institution? - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Dorchester

City or town Rural-Fishing Creek

(If outside city or town limits, write RURAL and give nearest town)

Street No. Fishing Creek

(If rural, give LOCATION)

2. (a) If veteran, name war - - -

3. (a) FULL NAME

Susie May Ruark

3. (b) Social Security Number

- - -

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

William Thomas Ruark

(Died-9/3/1905)

6. (c) If alive, give age - - - years

7. Birth date of

deceased (mo., day, yr.)

July 1, 1856

8. AGE:

Years 92

Months 3

Days 16

If less than one day

hrs. -

min. -

9. Birthplace

Dorchester County, Maryland

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

Not Known

13. Birthplace

" "

MOTHER

14. Maiden name

Not Known

15. Birthplace

" "

16. Informant

Mr. Warren Ruark

Address

Hoopersville, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Oct. 19, 1948

(month) (day) (year)

Cemetery or crematory

Hill Field Cemetery

Location

Hoopersville, Maryland

18. Funeral director

LeCompte's Funeral Service

Address

Cambridge, Maryland

19.

10-21-48

(Date rec'd by registrar)

John Mace, Jr. M
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 17, 1948 at 2:50A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 30, 1937 to 10/17, 1948

and that I last saw him alive on OCTOBER 17, 1948

Immediate cause of death

MYOCARDIAL FAILURE
(TOXIC MYOCARDITIS)

Due to METASTATIC SQUAMOUS
CARCINOMA (SKIN) WIDESPREAD

Due to - - -

DURATION

Other conditions GENERALIZED OSTEOARTHRITIS

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: NO

Accident, suicide, or homicide - - - Date of - - -

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. Z. Jones
Cambridge Md

M. or other

Date signed 10/18/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

Dr. Hanks

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 28 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

10433

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 31 Years

Hospital, institution, or street address where death occurred:

Cambridge Maryland HospitalHow long in hospital or institution? 3 Hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 105 Cedar Street

(If rural, give LOCATION)

2.(a) If veteran, name war - - - - -

3. (a) FULL NAME

Daisey May Lewis Rumbley

3. (b) Social Security Number

214-07-7504

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife F. Harvey Rumbley8. (c) If alive, give age 48 years7. Birth date of deceased (mo., day, yr.) Feb. 11, 1899

8. AGE: Years Months Days If less than one day

49723

.....hrs.min.

9. Birthplace Oxford, Talbot Co., Maryland
(Town, county, and state)10. Usual occupation Machine Operator11. Industry or business Shirt Factory12. Name Thomas J. Lewis13. Birthplace Maryland.14. Maiden name Mary Elizabeth Moore15. Birthplace Maryland16. Informant Mr. F. Harvey RumbleyAddress Cambridge, Maryland.17. Burial Date thereof Oct. 6, 1948.
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 10-7 19 48 John M. J. M.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 4, 1948 at 8:30 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 4 19 48 to Oct 4 19 48and that I last saw her alive on Oct 4 19 48Immediate cause of death Cerebral accident

DURATION

11 hoursDue to arteriosclerosis1 year +

Due to

Other conditions Diabetic mellitus4 years

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.....

Autopsy results.....

PHYSICIAN: Please outline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. Eldridge H. BellusAddress Cambridge, Md.Date signed 10-4-48

RECEIVED

OCT 8 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

180

CERTIFICATE OF DEATH

Reg. Dist. No. 116

10434

1. PLACE OF DEATH:

County Dorchester
 City or town Rural-Cambridge (Sewards)
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 18 Years
 Hospital, institution, or street address where death occurred:
Home-RFD # 2--(Sewards)
 How long in hospital or institution? - - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Rural-Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. RFD # 2--(Sewards)
 (If rural, give LOCATION)
 2.(a) If veteran, name war - - - - -

3. (a) FULL NAME

C. Lee Seward

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Divorced
 6.(b) Name of husband or wife Nellie Stanton
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) June 26, 1870
 8. AGE: Years 78 Months 4 Days 2 If less than one day _____ hrs. _____ min.

9. Birthplace Nr. Cambridge, Dor. Co., Md.
 (Town, county, and state)
 10. Usual occupation Farmer
 11. Industry or business II

12. Name Charles Henry Seward
 13. Birthplace Maryland
 14. Maiden name Claressie B. Radcliff
 15. Birthplace Maryland

18. Informant Miss Margaret Mende
 Address Cambridge, Maryland

17. Burial Date thereof Oct. 30, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Dorchester Memorial Park
 Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service
 Address Cambridge, Maryland

19. 11 - 1 19 48 John M. J. M.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 28, 1948 at 9:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dead on arrival 19____
 and that I last saw h Dead on arrival 19____

Immediate cause of death asphyxia due to smoke & 3 degree burns DURATION 10 min.?

Due to Caught in burning house

Due to _____
 Other conditions _____

(Include pregnancy within 3 months of death)

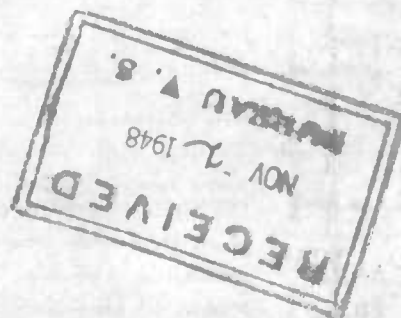
Major findings of operations none
 Date of op. _____

Autopsy results none
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide accident Date of 10-28-48
 Where did injury occur? near Cambridge Dorchester Md
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) home
 Means of injury Fire Injured at work? no

23. SIGNATURE Eldridge H. Wolff, Acting
Deputy Medical Examiner
 M. D. or other _____
 Address Cambridge, Md. Date signed 10-29-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10435

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Secretary
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 8 Hours

Hospital, institution, or street address where death occurred:

Main St.--Rear Methodist ChurchHow long in hospital or institution? - - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 212 West End Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war - - - - -

3. (a) FULL NAME

Richard H. Shores

3. (b) Social Security Number

215-03-5204

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Marguerite M. Townsend

7. Birth date of

deceased (mo., day, yr.)

Jan. 6, 18876. (c) If alive, give age 60 years

8. AGE:

Years

61

Months

9

Days

13

If less than one day

.....hrs.min.

9. Birthplace Longwoods, Talbot Co., Maryland
(Town, county, and state)10. Usual occupation Carpenter11. Industry or business Construction12. Name Edward Shores13. Birthplace Maryland14. Maiden name Josephine Blake15. Birthplace Maryland16. Informant Mrs. Maggie M. ShoresAddress Cambridge, Maryland.17. Burial Date thereof Oct. 23, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 10-25 x8 John Mace, Jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 20, 1948 at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

X X 19 X X to X X 19and that I last saw him alive on X X 19

Immediate cause of death

Angina PectorisDue to Arterio-Sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John Mace, Jr.
Address Cambridge, Md.

Dep. Med. Exam.

M. D. or other

Date signed Oct. 23/48DURATION
several
years



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness of the information is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

10436

116

1. PLACE OF DEATH:

County DorchesterCity or town Rural-Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 60 YearsHospital, institution, or street address where death occurred:
Sewards-RFD # 1How long in hospital or institution? - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rural-Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. Sewards-RFD # 1
(If rural, give LOCATION)2. (a) If veteran, name war - - - -

3. (a) FULL NAME

Jessie Shorter

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Bessie Willey6. (c) If alive, give age 71 years7. Birth date of deceased (mo., day, yr.) Jan. 15, 18668. AGE: Years 82 Months 8 Days 25 If less than one day
..... hrs. min.9. Birthplace RFD # 3, Cambridge, Maryland.
(Town, county, and state)10. Usual occupation Fur Trapper11. Industry or business !! !!12. Name Thomas Shorter13. Birthplace Maryland14. Maiden name Anna Proctor15. Birthplace Maryland16. Informant Mr. Mitchell ShorterAddress Cambridge, Maryland.17. Burial Date thereof Oct. 12, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 10-12-48 19 48 John Mac, J. M. D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 10, 1948 at 1 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 1, 1946 to Oct 10, 1948and that I last saw him alive on Oct 9, 1948Immediate cause of death Cerebral Hemorrhage DURATION 3 daysDue to ArteriosclerosisDue to SenilityOther conditions - - - -

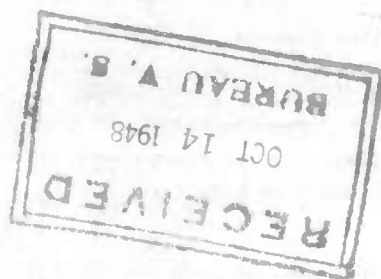
(Include pregnancy within 8 months of death)

Major findings of operations - - - -Date of op. - - - -Autopsy results - - - -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - - - - Date of - - - -Where did injury occur? - - - - (City or town) (County) (State)Injured at home, farm, industry, public place (where?) - - - -Means of injury - - - - Injured at work? - - - -23. SIGNATURE John Mac, J. M. D. M. D. or other - - - -
Address Cambridge, Md Date signed 10-11-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10437

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 months

Hospital, institution, or street address where death occurred:

Eastern Shore State HospitalHow long in hospital or institution? 6 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)Street No. Ocean City Blvd.
(If rural, give LOCATION)2.(a) If veteran, name war ☒

3. (a) FULL NAME

Herbert T. Trice

3. (b) Social Security Number

219-05-8586

4. Sex

male

5. Color or race

white

6.(a) Single, married, widowed, or divorced

married6.(b) Name of husband or wife Elva Messick6.(c) If alive, give age 47 years7. Birth date of deceased (mo., day, yr.) January 14, 18858. AGE: Years Months Days If less than one day
63 9 5hrs.min.9. Birthplace Caroline County, Md.
(Town, county, and state)10. Usual occupation salesman

11. Industry or business

12. Name John Warner Trice13. Birthplace Maryland14. Maiden name Alverta Horsey15. Birthplace Delaware16. Informant Eastern Shore State Hospital RecordsAddress Cambridge, Maryland17. Burial Date thereon Oct. 23, 1948
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematorium Ashum M. E. CemeteryLocation Near Georgetown, Del.18. Funeral director William H. Samuel P. SpilbergAddress Salisbury, Md.19. 10-20-1948 John Mace, Jr. M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 19, 1948 at 11:05 pm21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
April 20, 1948 to Oct. 19, 1948and that I last saw him alive on Oct. 19, 1948Immediate cause of death Cerebral Hemorrhage

DURATION

Due to Cerebral arteriosclerosis

Due to

Other conditions Psychosis with Cerebral Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Grace M. Branscombe
Grace M. Branscombe, M.D. M. D. or otherAddress Cambridge, Md. Date signed 10/19/48

MARGIN RESERVED FOR BINDING

VS A15

9-43-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 21 1948

BUREAU V. S.